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**PATENT** 

**2**001

IPLM Group, P.A. P.O. Box 18455 Minneapolis, MN 55418 612-331-7400 telephone 612-331-7401 facsimile

## FACSIMILE TRANSMITTAL LETTER

Attorney Docket No. Serial No. 185P1USI1 10/786,608

MS: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 223 13-1450 TOTAL NO. OF PAGES: 14

Sent to Facsimile No.: 571-273-8300 Examiner Phone No.: <u>571-272-7057</u>

In re Application of:	Bror Fries				
Serial No.:	10/786,608	Examiner:	Michael J. Kyle		
Confirmation No.:	185P1USI1	Art Unit:	3677		
Filed:	February 25, 2004		<del>_</del>		
For:	HINGE DEVICE				
We are transmitting the Facsimile Transmittal La	etter [1 page]				
Fee Transmittal for FY 2					
Response to Restriction	Requirement [1 page]				
Amendment [11 pages]					

Please charge Deposit Account 50-0549 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

	Respectfully submitted,						
Registration No.	Direct Dial	Milling					
30,087	612-331-7415	_ Manue ///					
Date: November 21, 2005		Michael L. Mau					
United States Patent and Trademark Office							
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Date November 21, 2005		Printed Name					

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NOV 2 1 2005

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PTO/SB/17 (12-04)
Approved for use through 07/31/2006. QMB 0951-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27			Complete if Known								
			Application Number	10/786,60	10/786,608						
			Filing Date	February	February 25, 2004						
			First Named Inventor	Bror Fries	Bror Fries						
			Examiner Name	Michael	al J. Kyle						
			Art Unit	3677	3677						
TOTAL AMOUNT OF PAYMEN	ıτ (\$) 50.	.00	Attorney Docket No.	185P1US	185P1USI1						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 50-0549  Deposit Account Name: IPLM Group, P.A.											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
FEE CALCULATION											
1. BASIC FILING, SEARCH F	, AND EXAM		CH FEES EXA	OITANIM	N FEES						
Application Type Fo	Small   ee (\$) Fee		Small Entity	\$mall	Entity	Fees Pa	id (S)				
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Reissue 3	100 150			`	00 -						
Provisional 2	200 100		0	0	0 -		<del></del>				
2. EXCESS CLAIM FEES Fee Description			Ü	Ü	٠ -	Fee (\$)	mall Entity				
Each claim over 20 or, for Re	eissucs, each	claim over 20 and	more than in the ori	ginal pater	nt	50	Fee (\$) 25				
Each independent claim over	3 or, for Re	issues, each indepe	endent claim more th	en in the o	riginal patent	200	100				
Multiple dependent claims  Total Claims  Extra	a Alaima	F (#) F I	B-1-1 (A)			360	180				
34 - 20 or HP = 2	<u>a Claims</u> x			iple Depen ee (\$)	dent Claims Fee Pald	/e\					
HP = highest number of total claims	s paid for, if great	ater than 20		<u> </u>	1001810	757					
3 or HP =	<u>a Claims</u> × _		<u>Paid (S)</u> —								
HP = highest number of independen		r, if greater than 3									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
	tra Sheets	Number of each	h additional 50 or frac	ion thereof	Fee (\$)	Fee	Paid (\$)				
- 100 =		50 ≈	(round up to a whole r	number) x		_=					
4. OTHER FEE(\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other:											
UBMITTED BY		~ 11									
ignature /////	hur		Registration No. 30,0	)87	Telephone 6	312-33	1-7415				
ame (Print/Type) Michael L	. Mau	06	· · · · · · · · · · · · · · · · · · ·		Date Novem						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or refain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and aubmitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NOV 2 1 2005

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

11/21/2005 13:14 FAX 612 331 7401

**Bror Fries** 

Examiner:

Michael J. Kyle

Serial No.:

10/786,608

Group Art Unit:

3677

Filed:

February 25, 2004

Confirmation No.:

2821

Docket No.:

185P1USI1

Title:

HINGE DEVICE

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is submitted via facsimile to: Mail Stop Amendment, Commissioner for Patents,

P.O. Box 1450, Alexandria, VA 22313-1450 (571-273-8300) on November 21, 2005

#### RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Dear Sir:

In response to the Restriction Requirement mailed October 19, 2005, Applicant elects, without traverse, Species XX, Figure 24, (claims 3-6, 9-12, 20-21, 23-24, and 31-32), drawn to claims 4, 5, 6, 9, 11, 12, 31, 32 and 34. Applicant's Representatives reserve the right to pursue examination of the non-elected claims in continuation or divisional applications. In an Amendment being filed concurrently herewith, Applicant has amended the above-noted claims and added new claims 33-34 for completion of this application.

The Examiner is invited to contact Applicant's Representatives, at the below-listed telephone number, if there are any questions regarding this Response or if prosecution of this application may be assisted thereby.

Respectfully submitted,

**BROR FRIES** 

Michael L. Mau Reg. No.: 30,087

IPLM Group, P.A. Post Office Box 18455 Minneapolis, MN 55418

Telephone (612) 331-7415

MLM:db

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#### PATENT

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

**Bror Fries** 

Examiner:

Michael J. Kyle

Serial No.:

10/786,608

Group Art Unit:

3677

Filed:

February 25, 2004

Confirmation No.:

2821

Docket No.:

185P1USI1

Title:

HINGE DEVICE

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is submitted via facsimile to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 (571-273-8300) on November 21, 2005

Michael L. Mau

## <u>AMENDMENT</u>

MS: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

#### **Introductory Comments**

With regard to the Restriction Requirement mailed October 19, 2005, Applicant is submitting concurrently herewith a Response to Restriction Requirement. It is respectfully requested that the above-identified application be amended as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 11 of this paper.

11/22/2005 JBALINAN 00000029 500549 10786608

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